

Model HIV Administrative Procedure for Schools

This document has been developed by the Pediatric/Adolescent Care Education (PACE) Program Committee, with membership from Arizona Department of Health Services, Arizona Department of Education, Phoenix Children's Hospital, and Ryan White Care Act Title IV Program representatives, to assist Local Education Agencies (LEAs) in adopting policy and procedures that establish annual in-service training for school personnel on universal precautions; promote age-appropriate, medically accurate HIV prevention education for students; and protect LEAs from potential litigation as well as protect the rights of HIV infected individuals. This document has been approved by the Arizona Department of Education's Materials Review Committee. It has been modified from the "Someone at School has AIDS: A Complete Guide to Education Policies Concerning HIV Infection" sample policy created by the National Association of State Boards of Education (NASBE).

Preamble

State/District/School shall strive to protect the safety and health of children and youth in our care, as well as their families, our employees, and the general public. Staff members shall work collaboratively with public health authorities to promote these goals.

The evidence is overwhelming that the risk of transmitting human immunodeficiency virus (HIV) is extremely low in school settings when current guidelines are followed. The presence of a person living with HIV infection or diagnosed with acquired immunodeficiency syndrome (AIDS) poses no significant risk to others in school, day care, or school athletic settings.

1. School Attendance

A student with HIV infection has the same right to attend school and receive services as any other student, and will be subject to the same rules and policies. HIV infection shall not factor into decisions concerning class assignments, privileges, or participation in any school-sponsored activity.

School authorities will ensure that the educational placement of a student known to be infected with HIV will be determined on a case-by-case basis by following established policies and procedures for students with chronic health problems or students with disabilities. Decision makers must consult with the student's physician and parent or guardian; respect the student's and family's privacy rights; and reassess the placement if there is a change in the student's need for accommodations or services.

School staff members will always strive to maintain a respectful school climate and not allow physical or verbal harassment of any individual or group by another individual or group. This includes taunts directed against a person living with HIV infection, a person perceived as having HIV infection, or a person associated with someone with HIV infection.

2. Employment

The State/District/School does not discriminate on the basis of HIV infection or association with another person with HIV infection. In accordance with the Americans with Disabilities Act of 1990, an employee with HIV infection is welcome to continue working as long as he or she is able to perform the essential functions of the position, with reasonable accommodation if necessary.

3. Privacy

Pupils or staff members are not required to disclose HIV infection status to anyone in the educational system. HIV antibody testing is not required for any purpose.

Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member. Disclosures of private medical information may be cause for disciplinary action, in addition to any other civil or criminal penalties that may apply, either to the unauthorized disclosing employee or to the school.

These guidelines include, but do not substitute for, existing state and federal laws regarding privacy of HIV status. In most circumstances under those state and federal protections, no information regarding a person's HIV status will be divulged to any individual or organization without a court order or the informed, written, signed, and dated consent of the person with HIV infection (or the parent or guardian of a legal minor). Within these protections, the written consent must specify the name of the recipient of the information and the purpose for disclosure (*see Attachment A for sample form*).

All health records, notes, and other documents which reference a person's HIV status will be secured by appropriate safeguards intended to limit access to these confidential records. Access to these confidential records is limited to those named in written permission from the person (or parent or guardian) and to emergency medical personnel. Information regarding HIV status will not be added to a student's permanent educational or health record without written consent.

4. Infection Control

All employees are required to consistently follow infection control guidelines in all settings and at all times, including playgrounds and school buses. Schools will operate according to the standards promulgated by the U.S. Occupational Health and Safety Administration for the prevention of blood-borne infections, i.e., "universal precautions." In the event of exposure to blood or body fluids, soap and water cleaning of wounds or skin is advised. Water flushing is advised for mucous membrane exposure, i.e., eyes, mouth. Equipment and supplies needed to apply the infection control guidelines, i.e., water with bleach and gloves, will be maintained and kept reasonably accessible. A designated person shall implement the precautions and investigate, correct, and report on instances of lapse.

All school staff members are expected to alert the person responsible for health and safety issues, such as a school nurse, if a student's health condition or behavior presents a reasonable risk of transmitting an infection. The staff member responsible for health and safety issues should complete a "Report of Significant Exposure to Bodily Fluids" form (see *Attachment B for sample form*). This form is to be filed with Risk Management and is not to be included in students' records.

If a situation occurs at school in which a person might have been exposed to an infectious agent, such as an instance of blood-to-blood contact, school authorities shall take steps to counsel that person immediately (or, if a minor, alert a parent or guardian) to seek appropriate medical evaluation. A delay in obtaining medical advice for an individual who has had a significant exposure would prevent that individual from receiving effective early treatment to prevent infection. As disclosure is not required, all children should be considered potential carriers of blood borne pathogens in a situation of blood-to-blood exposure. Again, care should be taken to avoid breaches of confidentiality.

5. HIV and Athletics

The privilege of participating in physical education classes, athletic programs, competitive sports, and recess is not conditional on a person's HIV status. School authorities will make reasonable accommodations to allow students living with HIV infection to participate in school-sponsored physical activities.

All employees must consistently adhere to infection control guidelines in locker rooms and all play and athletic settings. Rulebooks should reflect these guidelines. First aid kits should be on hand at every athletic event.

All physical education teachers and athletic program staff will complete an approved first aid and injury prevention course that includes implementation of infection control guidelines. Student orientation about safety on the playing field will include guidelines for avoiding HIV infection.

6. HIV Prevention Education

The goals of HIV prevention education are to promote healthful living and discourage the behaviors that put people at risk of acquiring HIV. The educational program should:

- Be taught throughout kindergarten through grade twelve;
- Be appropriate to the grade level in which it is offered, including the students' developmental levels, behaviors, and cultural backgrounds;
- Build knowledge and skills from year to year;
- Promote abstinence from sexual activity, alcohol, and other drug use;
- Be medically accurate and dispel myths regarding HIV transmission;

- Not promote a homosexual lifestyle or portray homosexuality as a positive alternative lifestyle;
- Not suggest some methods of sex are safe methods of homosexual sex;
- Address students' own concerns;
- Use methods demonstrated by sound research to be effective;
- Be an integral part of a coordinated school health program;
- Be taught by instructors who are comfortable with and knowledgeable of the material and whom have adequate support;
- Follow content guidelines prepared by the Centers for Disease Control and Prevention (CDC);
- Include means for evaluation;
- Involve parents and families as partners in education;
- Be consistent with community standards; and
- Notify parents of their ability to withdraw their child from the HIV instruction.

Parents and guardians will have opportunities to preview all HIV prevention curricula and materials. School staff members should assist parents or guardians who ask for help in discussing HIV infection with their children.

7. Related Services

It is considered advisable, and beneficial to the successful implementation of these guidelines, for students to have access to voluntary, confidential, age- and developmentally-appropriate counseling about matters related to HIV infection. To that end, school administrators should maintain a list of counseling and testing resources in the community and make it available to students.

8. Staff Development

All school staff members will participate in a planned HIV education program that conveys factual and current information; provides guidance on infection control procedures; informs about current law and state, district, and school policies concerning HIV; assists staff to maintain productive parent and community relations; and includes annual review sessions. Certain employees, e.g., school nurse, coach, etc., will also receive additional specialized training as appropriate to their positions and responsibilities.

9. General Provisions

It is advisable, for school administrators to annually educate students, their family members, and school personnel about current policies concerning HIV infection, and to provide convenient and private opportunities to discuss them.

This policy is effective immediately upon adoption. In accordance with the established policy review process, or at least every three years, designated individual shall report on the accuracy, relevance, and effectiveness of this policy and, when appropriate, provide recommendations for improving and/or updating the policy.

LEGAL REFS:	20 U.S.C. 1401 et seq., Individuals with Disabilities Education Act 42 U.S.C. 12101 et seq., Americans with Disabilities Act ARS 36-664. Confidentiality; exceptions ARS 15-716. Instruction on Acquired Immune Deficiency Syndrome
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ATTACHMENT A

CONFIDENTIAL

Written Consent Form for Each Release of Confidential HIV Related Information

Confidential HIV-Related Information is any information that a person had an HIV-related test, has HIV infection, HIV/AIDS-related illness, or has been potentially exposed to HIV. If you sign this form, HIV-related information can be given to the people listed and from the reasons listed below.

Name and address of person whose HIV-related information can be released:	
Name and address of person signing this form (if other than above):	
Relationship to person whose HIV-related information may be released:	
Name, title or role, and the address of each person who may be given HIV-related information (include names of persons responsible for photocopying and filing confidential information):	
1.	
2.	
3.	
4.	
(Additional names and addresses can be attached or listed on back.)	
Information to be provided: (check as many as apply.)	
<input type="checkbox"/> Diagnosis	
<input type="checkbox"/> Medications	
<input type="checkbox"/> Special Precautions	
<input type="checkbox"/> Behavioral Health or Developmental Assessments	
Specific purpose(s) for release of HIV-related information:	
Time during which release of information is authorized: (A specific time must be noted for each single incident of release of HIV-related information. Use a new form for each incident.)	
From:	To:

Any disclosure of information not meeting the conditions listed above is expressly prohibited. Disclosure to any other persons than those listed above requires my informed, written consent.

Signature _____ Date _____

ATTACHMENT B

REPORT OF SIGNIFICANT EXPOSURE TO BODILY FLUIDS

1. Student Name: _____ Student ID#: _____
2. Student Address: _____
3. Name of School: _____
4. School Address: _____
5. School contact person and title: _____
6. Date of Exposure: _____ Time of Exposure: _____ AM/PM
7. Location of Exposure (e.g., playground): _____
8. State in detail how exposure occurred (be specific): _____

9. List all persons present at the time of exposure whom you can identify: _____

10. What bodily fluid was the individual exposed to?
Blood _____ Vaginal Fluid _____ Semen _____ Other fluid(s) containing blood _____
11. Who did the bodily fluid come from? _____
(Explain) _____
11. Are you aware of a break/rupture in the skin or mucous membrane at the body location of exposure to bodily fluid and, if so, please describe. _____

12. Did exposure to bodily fluid take place through the person's
(a) skin _____ (b) mucous membrane _____
13. State specific part(s) of the body that were exposed to bodily fluid: _____

Note: This report must be filed with risk management no later than ten (10) calendar days of date of exposure to bodily fluids.

Principal: _____ Date: _____

School Nurse: _____ Date: _____